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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/562,028
Confirmation Number	
Filing Date	with an effective filing date of June 7, 2004
First Named Inventor	Eckhardt LÜBKE and Frank-Detlef SPECK
Group Art Unit	3656
Examiner Name	James PILKINGTON Fax: (571) 273-8300
Total No. of Pages in this Submission: 23	Attorney Docket Number ZAHFRI P802US

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form ..... [1] (in Duplicate) <input checked="" type="checkbox"/> Fee attached - Check \$810.00 <input checked="" type="checkbox"/> Amendment/Response ..... [14] <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request ..... [ ] (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt ..... [ ] <input type="checkbox"/> Certified Copy of Priority ..... [ ] Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application ..... [ ] <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers ..... [ ] (for an Application) <input checked="" type="checkbox"/> Drawing(s) --Annotated Sheet(s) .. [1] Replacement Sheet(s) ... [1] <input type="checkbox"/> Licensing-related Papers ..... [ ] <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition ... [ ] <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address . [ ] <input type="checkbox"/> Terminal Disclaimer ..... [ ] <input type="checkbox"/> Small Entity Statement ..... [ ] <input type="checkbox"/> Request for Refund ..... [ ]	<input type="checkbox"/> After Allowance Communication to Group ..... [ ] <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences .... [ ] <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) [ ] <input type="checkbox"/> Proprietary Information ..... [ ] <input type="checkbox"/> Status Letter ..... [ ] <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Request for Continued Examination - 1pg in duplicate Exhibit A FIG 1. Exploded Postcard
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REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

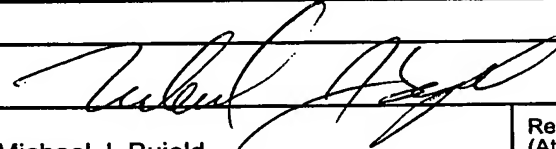
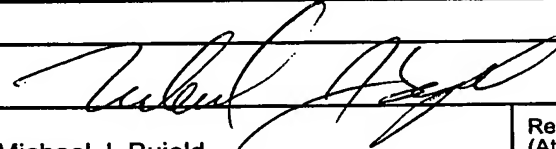
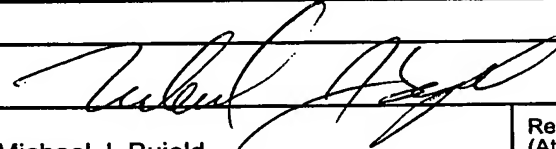
Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	July 24, 2009	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on July 24, 2009.

Signature		Date: July 24, 2009 (amp)
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Date: July 24, 2009

<p><b>Effective on 12/08/2004.</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p><b>FEE TRANSMITTAL</b> <b>For FY 2008</b></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p>		<p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">                 Application No. Filing Date First Named Inventor Examiner Name Art Unit             </td> <td style="width: 50%; vertical-align: top;">                 10/562,028 with an effective filing date of June 7, 2004 Eckhardt LÜBKE and Frank- Detlef SPECK James PILKINGTON 3656             </td> </tr> <tr> <td style="vertical-align: top;">                 Attorney Docket No.             </td> <td style="vertical-align: top;">                 ZAHFRI P802US             </td> </tr> </table>		Application No. Filing Date First Named Inventor Examiner Name Art Unit	10/562,028 with an effective filing date of June 7, 2004 Eckhardt LÜBKE and Frank- Detlef SPECK James PILKINGTON 3656	Attorney Docket No.	ZAHFRI P802US																																																																																
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<p><b>TOTAL AMOUNT OF PAYMENT: \$810.00</b></p> <p><b>METHOD OF PAYMENT</b> (check all that apply)</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____</p> <p><input checked="" type="checkbox"/> Deposit Account      Deposit Account Number <u>04-0213</u>      Deposit Account Name: <u>DAVIS &amp; BUJOLD, P.L.L.C</u></p> <p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p><input type="checkbox"/> Charge fee(s) indicated below      <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17      <input type="checkbox"/> Credit any overpayments</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>		<p><b>FEE CALCULATION</b></p> <p>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th rowspan="2">Fees Paid (\$)</th> </tr> <tr> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>330</td> <td>165</td> <td>540</td> <td>270</td> <td>220</td> <td>110</td> <td></td> </tr> <tr> <td>Design</td> <td>220</td> <td>110</td> <td>100</td> <td>50</td> <td>140</td> <td>70</td> <td></td> </tr> <tr> <td>Plant</td> <td>220</td> <td>110</td> <td>330</td> <td>165</td> <td>170</td> <td>85</td> <td></td> </tr> <tr> <td>Reissue</td> <td>330</td> <td>165</td> <td>540</td> <td>270</td> <td>650</td> <td>325</td> <td></td> </tr> <tr> <td>Provisional</td> <td>220</td> <td>110</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> </tr> </tbody> </table> <p>2. 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APPLICATION SIZE FEE</p> <p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>No. of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>-100 =</td> <td>750 =</td> <td>(round up to a whole number) x</td> <td>\$270/\$135</td> <td>=</td> </tr> </tbody> </table> <p>4. OTHER FEE(S)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Fees Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>Non-English Specification, \$130 fee (no small entity discount)</td> <td></td> </tr> <tr> <td>Other (e.g., late filing surcharge): <u>Request for Continued Examination</u></td> <td><u>\$810.00</u></td> </tr> </tbody> </table> <p><b>SUBMITTED BY</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">                 Signature  Name (Print/Type) Michael J. Bujold             </td> <td style="width: 50%; vertical-align: top;">                 Telephone (603) 226-7490 Registration No. (Atty/Agent) 32,018 Date: July 24, 2009             </td> </tr> </table>		Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Utility	330	165	540	270	220	110		Design	220	110	100	50	140	70		Plant	220	110	330	165	170	85		Reissue	330	165	540	270	650	325		Provisional	220	110	0	0	0	0		Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20 (including Reissues)	52	26	Each independent claim over 3 (including Reissues)	220	110	Multiple dependent claims	390	195	Total Sheets	Extra Sheets	No. of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	-100 =	750 =	(round up to a whole number) x	\$270/\$135	=		Fees Paid (\$)	Non-English Specification, \$130 fee (no small entity discount)		Other (e.g., late filing surcharge): <u>Request for Continued Examination</u>	<u>\$810.00</u>	Signature  Name (Print/Type) Michael J. 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